Iniciativa Hispano-Latina

A Toolkit for Hispanic/Latino Community Groups

Organizing Hispanic/Latino Communities for the Prevention of Alcohol, Tobacco, and Illicit Drug Use

MH99D3970

Hispanic/Latino Steering Committee

We would like to express our sincere appreciation to each member of the Hispanic/Latino Initiative Steering Committee for their dedicated and tireless support and guidance. Your efforts will foster our communities' health and wellbeing for years to come.

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What is this guidebook about?

This guidebook is about helping Hispanic/Latino community groups organize their communities around a major problem facing Hispanic/Latino youth—alcohol and drug use.

Why does this guidebook focus on the Hispanic/Latino community?

Many parents, families, young people, and community organizations throughout the United States are taking steps to prevent alcohol and drug abuse in their communities. These people and organizations are building strong local movements aimed at preventing and decreasing substance use and abuse. And these efforts are making a difference. In fact, recent studies on the use of alcohol and drugs by young people in the United States show a decrease in use overall.

Yet some groups and communities may not be experiencing these positive outcomes to the same degree. This seems to be true for the Hispanic/Latino community. Current research shows that there has been an increase in substance use and abuse by Hispanic/Latino young people.

Prevention efforts appear to be making a difference, but certain groups, like Hispanics, are not realizing the positive effects to the same degree as other populations.

Why does this guidebook focus on youth?

This guidebook focuses on youth because many Hispanic/Latino communities are:

♦ realizing that they can be a critical force in decreasing substance use and abuse among youth in their communities

♦ effective in organizing their community for youth oriented programs

♦ realizing the importance of strengthening youth's skills required for resisting substance use and abuse

There is an increase in substance use by Hispanic/Latino young people.
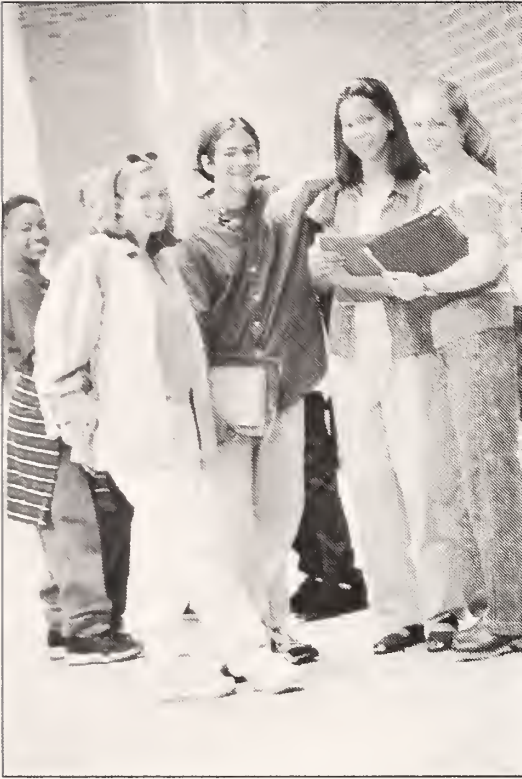
How Will This Guidebook Help You?

This guidebook will:

♦ Give you facts about alcohol and drug use among Hispanic/Latino youth.

♦ Explain factors that either prevent or contribute to substance use.

♦ Outline basic steps in community organizing.

♦ Give you some organizing start-up tools.

♦ Identify resources that can help you in your organizing efforts.

Facts About Hispanic/Latino Youth (Age 12–17)

Cigarettes

♦ About 2 in every 10 Hispanic/Latino youth report smoking cigarettes recently.

♦ About 6 out of 10 youth report they were at great risk of smoking one or more packs of cigarettes a day.

Alcohol Use

♦ Alcohol is the main substance used by Hispanic/Latino youth.

♦ Two out of every 10 report using alcohol recently.

♦ About 4 out of every 100 report 'heavy use' of alcohol recently. (There was a slight increase from 1995 to 1996, and again from 1996 to 1997.)

♦ Almost 1 out of every 10 reports recent 'binge' alcohol use. (Binge drinking is defined as drinking 5 or more drinks on one occasion.)

♦ About 5 out of every 10 report being 'at great risk' of having 5 or more drinks once or twice a week.

Illegal Drug Use

♦ About 1 in 10 Hispanic/Latino youth has recently used illegal drugs.

♦ About 3 out of every 10 report being at risk for smoking marijuana once a month.

♦ About 5 out of every 10 report being at risk for smoking marijuana once or twice a week every week.

♦ Among eighth-grade students, Hispanics/Latinos have the highest prevalence for the use of marijuana.

♦ Hispanic/Latino youth have higher rates of marijuana use than non-Hispanic/Latino white youth.

♦ About half of all Hispanic/Latino youth report being at risk for using cocaine once a month.

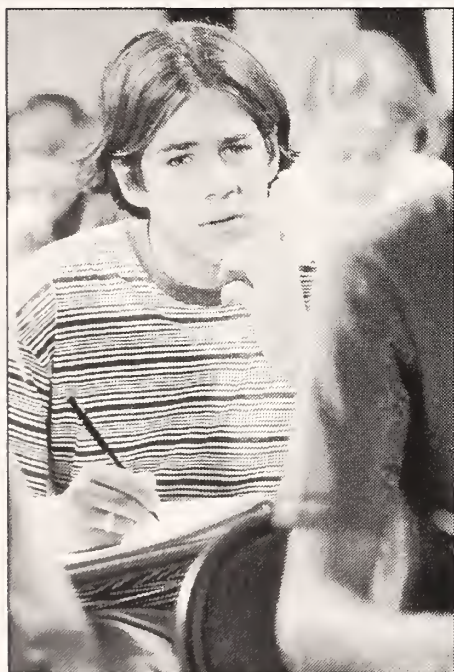*Hispanic youth age 12 to 17 report recent use of substances as follows:*

• About 2 in 10 youth report cigarette smoking.

• Alcohol is used by about 2 out of 10 youths.

• Almost 1 out of every 10 youth reports binge alcohol use.

• About 1 in 10 youth has used illicit drugs.

More than half of Hispanic/Latino youth see themselves as being at great risk for using substances.

Facts Related to Substance Use in the General Hispanic/Latino Community

♦ The main substance used is alcohol.

♦ The two main illegal drugs used are marijuana and cocaine.

♦ Hispanic/Latino use of 'any illegal drug' has increased slightly between 1995 and 1997.

♦ Hispanic/Latino families living in poverty are at greater risk for having problems with substance use.

♦ Hispanic women often get involved with alcohol and drug use as a way to be 'supportive' of their partner who is using alcohol and drugs.

♦ Hispanic/Latina females use illegal drugs at a younger age than males.

♦ Hispanic/Latino families tend to keep substance use problems 'secret' within the family.

♦ Out of all individuals arrested nationally for impaired driving, 1 in 5 were Hispanic/Latino.

♦ The school dropout rate is higher for Hispanic/Latino students than for other racial/ethnic groups. In some communities, half of the youth drop out of high school. (Substance use is related to school dropout rates and poor performance in school.)

♦ In at least one study, six out of 10 Hispanic/Latina pregnant adolescents report drinking beer or wine before their third month of pregnancy, and half report smoking marijuana.

♦ Compared to other racial groups, Hispanics/Latinos come in second highest in use of alcohol, binge drinking and heavy alcohol use.

Research has shown that there are many positive and negative factors at work that either prevent, or contribute to, substance use and abuse.

♦ Factors that help to prevent substance use and abuse are called **protective factors.**

♦ Factors that contribute to, or increase the risk of, developing a substance use and abuse problem are called **risk factors.**

Research has also shown that in order to prevent substance use and abuse, two things must happen:

1) factors that increase the risk of developing the problem must be identified, and

2) ways to reduce the impact of those factors must be developed.

The information that follows will help you to better understand the protective and risk factors related to substance use and abuse, and help you to identify those factors in your community. This, in turn, will help you to develop the ways that your group can work to enhance the protective factors and reduce the risk factors.

The secret to a healthy community is the balancing of protective and risk factors by increasing the protective factors while decreasing the risk factors.
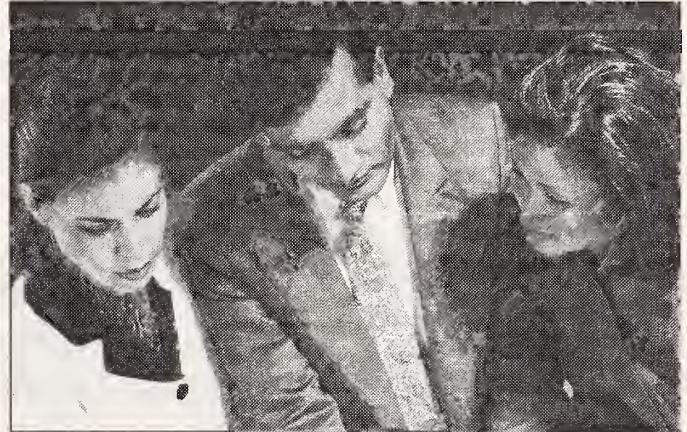
A. General Factors Related to Substance Use and Abuse

General Protective Factors

It is important to understand why some youth who are exposed to many risk factors *do not* become substance abusers or juvenile delinquents, school dropouts, or teen parents for that matter. It's because they also possess or are exposed to some protective factors that help them resist, fight, or 'beat the odds' against substance use.

*These protective factors can be grouped into the following **three** categories:*

1. Bonding or having access to people with whom youth can have healthy relationships, such as families, friends, school, and community.

Three conditions are necessary for bonding:

♦ **Opportunities:** youth must have the opportunity to contribute to their community, family, peers, and school.

♦ **Skills:** youth must be taught the skills necessary to take advantage of the opportunities that are presented to them.

♦ **Recognition:** youth must be recognized and acknowledged for their efforts.

2. Healthy Beliefs and Clear Standards, such as

♦ having clear, positive standards for behavior
♦ being consistently supported
♦ being given consistent consequences for not following standards
♦ being committed to achieving the goals valued by the groups to which they attach

Youth must be taught the skills necessary to take advantage of the opportunities that are presented to them.

3. Individual Characteristics which can include the following

♦ gender
♦ a resilient or "beat the odds" temperament
♦ positive social attitudes
♦ intelligence
♦ physical and mental health
♦ personality traits

General Risk Factors

*Risk factors are often grouped into the following **four** categories:*

1. Community Risk Factors, *such as:*

♦ exposure to alcohol, tobacco, and other drug use

♦ conflicting attitudes in the community about drug use

♦ extensive exposure to drug use as shown in the media

♦ high rates of mobility, or people 'moving from one place to another'

♦ a low 'sense' of neighborhood and community

♦ amount of poverty, poor housing, and crime

2. Family Risk Factors, *such as*

♦ family history of behavior problems, including substance use

♦ family management problems, including a lack of clear expectations for behavior and failure of parents to monitor their children.

♦ family conflict among caregivers or between caregivers and children.

♦ parents' attitudes about drug use, or their use of alcohol and drugs

3. School Risk Factors, *such as*

♦ early and ongoing behavior problems in school

♦ student academic failure, and failure of the school system to meet the needs of students

♦ negative attitudes about schools, going to school, and learning

4. Individual Risk Factors, *such as*

♦ not feeling bound by rules, or not believing in trying to be successful (alienation and rebelliousness)

♦ having friends who have behavior problems, including delinquency, substance use, violent activity, early sexual activity, and dropping out of school

♦ a change in attitude toward self-acceptance of the behavior problems, especially upon entering middle school

♦ early start of behavior problems, especially in the early teens

♦ behaviors have a mental or physical basis that may need diagnosis and treatment

Generalizations about Risks

The following five points reflect some generalizations that can be said about risk factors:

1. Risks exist in all areas of life

2. The more risk factors present, the greater the risk

3. Common risk factors help to predict various problem behaviors

4. Risk factors do not vary across racial or cultural groups

5. Increasing protective factors can reduce risks
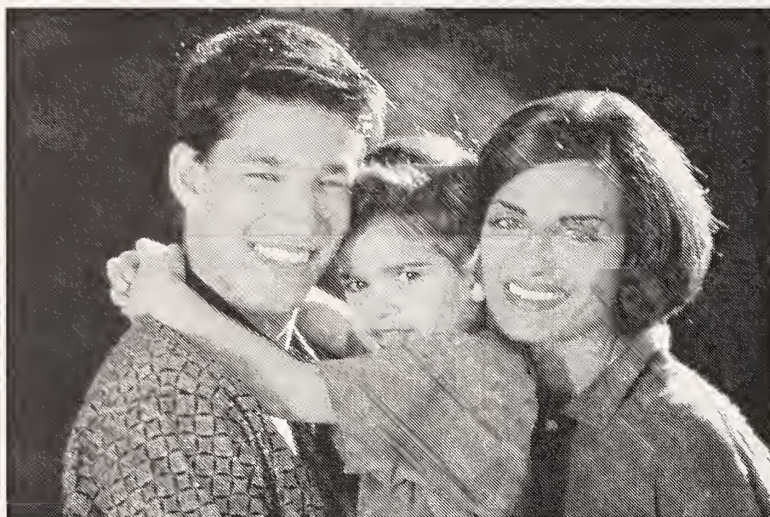
B. Protective and Risk Factors in the Hispanic/Latino Community

Protective Factors for the Hispanic Community

The Hispanic/Latino culture provides many of the protective factors that help prevent substance use and abuse. These include:

♦ Bonding
  — *"Familialismo"*
  — *Multigenerational kinship network*
  — *Ethnic pride*
  — *Commitment*
  — *"Simpatia"*
  — *Strong female presence*

♦ Healthy Beliefs and Clear Standards
  — *Spiritualism*
  — *Respect (hierarchical based on age)*
  — *Trust*
  — *"Confianza"*
  — *Concern for children*

♦ Individual Characteristics
  — *Dignity*
  — *"Personalismo" (interpersonal skills)*

Risk Factors for the Hispanic Community

Community Risk Factors, *such as*

- exposure to alcohol, tobacco, and other drug use
- conflicting attitudes in the community about drug use
- extensive exposure to drug use as shown in the media
- high rates of mobility, or people 'moving from one place to another'
- poverty, poor housing, and crime
- barriers to employment, communication problems due to lack of proficient English skills, and discrimination and acculturation experiences

Family Risk Factors, *such as*

- parents' attitudes about drug use, their use of alcohol and drugs, and in some cases, their approval of such behaviors
- family management problems, including lack of clear expectations for children's behavior and failure of parents to monitor their children.
- family conflict among caregivers or between caregivers and children, particularly if youth assimilate much quicker than their parents or caregivers, which results in conflict between the generations.
- family history of behavior problems, including substance use

School Risk Factors, *such as*

- academic failure beginning in elementary school
- failure of school system to meet the needs of students
- difficulty 'fitting in' at school and in social activities

Individual Characteristics, *such as*

- early start of behavior problems, especially in the early teens
- having friends who have behavior problems, including delinquency, substance use, violent activity, early sexual activity, and dropping out of school
- not feeling bound by rules, or not believing in trying to be successful (alienation and rebelliousness), not knowing how to relate to peers from other cultures and groups in the community, having weak social ties with peers and a reduced sense of belonging to the school, particularly for migrant youth or youth who move from place to place
- a change in attitude toward acceptance of the behavior problems, especially upon entering middle school
- behaviors that have a mental or physical basis that may need diagnosis and treatment

*Please see **Figure 1** for a graphic presentation of protective factors and risk factors within the Hispanic/Latino culture and community*

There are many children and youth who have been able to have a healthy growth and development despite the many risks that present odds against them.

In general, youth experience high levels of personal and social stress and conflict. Hispanic youth encounter and face additional risk factors.

Figure 1

Protective Factors and Risk Factors for Substance Use

Individual risk characteristics

- friends who engage in the problem behavior
- social isolation
- lowered self-esteem
- cultural conflict
- racial and ethnic discrimination

Community risk factors

- availability of alcohol, tobacco, and other drugs at social functions
- frequent family moves/migration
- deteriorating and crime-ridden communities
- barriers to employment
- unemployment/ underemployment
- inaccessible upward mobility
- inadequate housing

Protective Factors

Bonding
- Familialismo
- Multigenerational kinship network
- Ethnic pride
- "Simpatia"
- Strong female presence

Healthy Beliefs and Clear Standards
- Spiritualism
- Respect (hierarchical based on age)
- Trust
- "Confianza"
- Concern for children

Individual Characteristics
- Dignity
- "Personalismo"
- Strong female presence

Family risk factors

- parental attitudes and involvement in drug use, crime and violence
- failure of parents to monitor their children
- parental absenteeism
- single parent without support
- lack of family rituals
- differing generational levels of assimilation

School risk factors

- new values system
- language barriers
- social isolation
- low achievement expectations
- low educational levels

If you are asking yourself what you can do to help prevent substance use among the youth in your community, there are many options for you.

A. As a parent and family member ...

You can take some simple, everyday actions that can make a big difference in children's lives.

- Listen to what they are saying
- Talk with them
- Find out how they are doing in school
- Give them advice
- Provide encouragement
- Get them involved in activities
- Play games with them
- Be aware of the messages they are getting from the media
- Have clear expectations for their behavior
- Let them know what your expectations are for their behavior
- Know where your children are
- Know who your children's friends are
- Be consistent in your training and discipline
- Develop ways to have meaningful participation in children's lives
- Acknowledge children for their efforts
- Talk with them about substance use and abuse!

You can take some simple, everyday actions that can make a big difference in children's lives.

B. As a community member...

You can help your community organize to develop effective substance abuse prevention programs.

Communities that are organized have been able to increase the protective factors and decrease the risk factors that are related to substance use and abuse. They have done this by developing programs that:

- Help youth develop behavior skills
- Develop and improve parenting skills
- Provide needed support services
- Improve the environment
- Make acculturation easier

Increase community influence

*Please see **Section VI** and **Figure 2** for a list of strategies that are proven effective in enhancing protective factors and decreasing risk factors.*

Please keep in mind that

- ◆ successful community organizing happens when community members, like you, become the experts, define the protective and risk factors for your community, and come up with creative solutions that make use of the community's energy, commitment and resources.

- ◆ it is most important that community organizers engage in a process of strategic planning which can guide them through their efforts.

C. Become Successful!

What can your group do to make sure you succeed?

As your community action group begins to work and grow, you should consider why some movements succeed and others fail. A few reasons for success of action groups are as follows:

- ◆ The group includes all persons and organizations that have a stake in the work of the group.

- ◆ The action group develops clear goals, sets priorities, and makes sure everyone in the group understands the goals and priorities.

- ◆ The group works toward a consensus on the actions to be taken to accomplish the goals, and sets timelines for taking those actions.

- ◆ The group uses good organizational and management skills and conducts itself in a businesslike manner.

- ◆ The group is realistic about the amount of time and planning it will take to meet its goals.

- ◆ The group starts with small steps and does not take on too much at once—avoiding burnout and frustration.

- ◆ Members of the action group continue to 'grow' as community organizers by adding to their awareness and knowledge of the community.

- ◆ The group meets its goals and becomes more visible to its supporters, current and future funders, and to the community-at-large.

The action group develops clear goals, sets priorities, and makes sure everyone in the group understands the goals and priorities.

The next section in this guidebook will help you get started in your community organizing efforts.

Figure 2

Strategies for Decreasing Risk Factors for Substance Use

Strategy	Specific Activities
Information dissemination	• Drug-free workplace policies • Messages that appeal to youth • PSAs that air when youth watch television • Youth-oriented mass media campaigns
Prevention Education	• Parenting and child management skills • Parental leadership activities • Communication skills • Problem solving skills • Coping skills • Role of parent in child development and child learning
Alternatives	• Classes on cultural history, values and traditions • Sessions on coping with challenges of growing up a in new country • Ethnic appreciation events • School organization activities • Sessions to develop social competence skills and youth/peer behavior skills • Community service opportunities • Mentoring programs • Drug-free activities and social events
Problem identification and referral	• Health care needs, including family therapy, mental health needs early and unwanted pregnancy, sexually transmitted diseases, home visits • Education issues, including ESOL, GED academic support, school failure and delinquency • Career and family planning services • Social support, including child care, transportation, and meals
Community-based process	• Build connections between school and families • Develop local and statewide coalitions • Develop multi-agency activities • Enhance community involvement
Environmental	• Clean up community • Enhance signage • Develop campaigns to influence media messages • Develop anti-drug use media materials • Influence establishment and enforcement of minimum purchase age requirements • Influence development of price deterrents

What types of programs work?

Programs that target systems and groups and use many strategies are most effective in affecting substance use and abuse among youth.

This toolkit provides you with three models that can be followed in your organizing efforts and in developing programs to address substance use among the youth in your community. You can use the models as is or adapt various steps from each to create a tool that is useful to you in undertaking your activities.

The following three models are included in this section. *(Please see the Appendices B-D for additional information on each model.)*

- *A Five-Step Process for Organizing Your Community*

- *A Sixteen-Step Model for Becoming Part of a Solution*

- *Seven Steps to Building a Successful Prevention Program*

Five Steps to Community Organizing

Step 1: Define your community

Step 2: Research your community

Step 3: Set your priorities

Step 4: Make a list of stakeholders

Step 5: Hold a stakeholders' meeting

A 16-Step Model for Becoming Part of a Solution

The following 16 steps were developed by the National Council of La Raza (May 1989) to help community leaders become more effective and appropriately involved, based on a logical decision-making process. The steps have been adapted to help you figure out how to proceed with strategies for impacting on substance abuse in your community.

1. Learn the basics about the problem
2. Educate your organization
3. Identify the local players
4. Become known as a player
5. Assess Hispanic community needs
6. Help develop a plan
7. Study alternative roles
8. Understand what you're getting into
9. Decide on your agency's role
10. Develop a plan of action
11. Become wise
12. Develop networks
13. Become a Hispanic voice
14. Find the money you need
15. Make a difference
16. Monitor and assess your progress

Seven Steps to Building a Successful Prevention Program

1. Determine your community's readiness for organizing
2. Conduct a community assessment
3. Translate data into priorities
4. Identify programs and services that exist in the community
5. Target your efforts
6. Follow guiding principles and best practices
7. Evaluate

D esigning an effective substance abuse prevention program involves following some 'tried-and-true' principles and strategies. Below you will find the six basic categories used for describing prevention strategies, followed by some specific strategies for developing prevention programs. You will also find a list of some general principles and practices for designing and developing prevention programs.

Develop a planning process that will result in a clear program purpose, an organizational structure, and a plan for action.

A. Strategies for Prevention Programs

Types of Prevention Efforts

Prevention strategies have been categorized in a variety of different ways. SAMHSA/ CSAP promotes the following **six** strategies:

1. **Information** strategies seek to provide awareness and knowledge about: 1) the extent and effects of substance use and abuse on individuals, families, and communities; and 2) the prevention programs and services that exist in the community.

2. **Education** strategies seek to increase communication on activities that will affect critical life and social skills, including decision-making, refusal skills, critical analysis (for example, of media messages), and systematic judgment abilities.

3. **Problem Identification and Referral** strategies seek to identify those who use illegal drugs, alcohol, and tobacco and refer them to prevention-education and treatment programs.

4. **Alternatives** are strategies that seek to provide substance-free activities for targeted populations.

5. **Community-based** strategies seek to enhance the community's ability to effectively provide prevention programs and services. These strategies include networking, organizing, coalition building, collaboration activities, planning, and program development.

6. **Environmental** strategies seek to establish or change written and unwritten community laws, standards, codes, and attitudes in order to lessen the extent and effects of substance use.

B. Specific Prevention Strategies

*This section provides examples of specific strategies for developing prevention programs. **Figure 2** depicts the program components in a chart format.*

Information Dissemination

◆ Develop education programs that are designed to increase the knowledge youth have about the hazards of substance use, and to develop negative attitudes toward alcohol, tobacco, and other drugs.

◆ Use the mass media to change knowledge, behaviors, and attitudes about substance use and abuse.

◆ Create media campaigns that are geared toward youth and avoid using authority figures and threats to get the message across.

Prevention Education

◆ Create educational program components and activities that are led by youth, for youth.

◆ Offer educational programs that are intensive and repeated, year after year.

◆ Design interactive educational programs that have youth acting-out or role-playing prevention scenarios.

◆ Establish programs that include the whole family.

Problem Identification and Referral

◆ Be prepared to identify and refer youth who come into the prevention program and who already have an alcohol or drug problem. Provide transportation to drug treatment programs.

◆ Be aware that early identification programs can pose risks to the youth involved. For example, labeling youth can pose risks to them. There also may be risk in exposing youth whose patterns of use may be only experimental to youth with more problematic substance abuse and other deviant behaviors.

◆ Identify the needs of the youth who come into the prevention program, and then identify the types of programs and services that exist or need to be developed in the community to meet these needs.

Alternatives

◆ Create different kinds of activities for different types of youth groups, and involve youth in the development of these programs.

◆ Create opportunities for community service which allow youth to "give back" to their community.

◆ Set up adult-youth mentoring programs.

◆ Develop recreation and cultural activities that are structured, supervised, and monitored.

Create opportunities for community service which allow youth to "give back" to their community.

♦ Develop programs that are ongoing and offer youth many hours of involvement.

♦ Develop programs that provide family therapy and training in parenting skills.
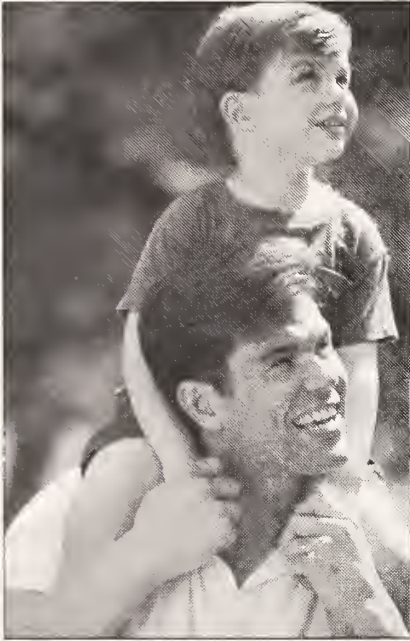
♦ Design programs that address not only substance abuse, but also physical and mental health problems, family problems, early and unwanted pregnancies, sexually transmitted diseases, school failure, delinquency, and the needs of juvenile offenders.

♦ Create program alternatives that take part in the community's overall prevention effort and the development of strong community norms against substance use.

Community-based Processes

♦ Create community partnerships that include groups from all parts of the community and prevention activities that reach a large number of individuals.

♦ Develop activities that will increase coordination of efforts between public and private agencies, including law enforcement and service providers. Such coordination can increase the chances of getting funding, which in turn will increase access to and quality of prevention and treatment services.

♦ Establish community-based coalitions that have a clear understanding of their purpose. This will facilitate coalition development and, ultimately, coalition success.

♦ Develop a planning process that will result in a clear program purpose, an organizational structure, and a plan for action.

♦ Ensure that all members of the coalition have a shared purpose and plan for action. If coordination of services is the task, organization leaders need to be involved. If community mobilization is the task, grassroots activists and community citizens must be involved.

♦ Ensure that coalition members see that the time and effort they have contributed to the coalition have been worthwhile, and that they receive awards and rewards for participating.

♦ Organize the coalitions and programs in a way that makes it easy for members to work well together. For example, complicated committee structures are often not productive and can even be counterproductive. Committees or task forces without specific purposes or responsibilities tend to lose members.

♦ Implement strategies that have proven to be effective. Use the knowledge that has come from research on prevention strategies.

Environmental Approaches

Price Interventions

♦ Petition for a tax increase on alcohol and tobacco, thereby increasing the price and decreasing the use of these substances.

Minimum Purchase Age Interventions

♦ Petition to raise the minimum age for buying alcohol to age 21.

♦ Petition to raise the minimum age for buying tobacco.

♦ Petition to have existing minimum-age laws enforced.

♦ Develop a public awareness campaign about noncompliance with the above laws if you find that retailers in the community are not complying with these laws or are not being punished for noncompliance.

Deterrence Interventions

♦ Petition to reduce the legal BAC (blood alcohol content) limit to .08.

♦ Create interventions addressing location and density of retail outlets.

♦ Promote limits on how many alcohol retail outlets can be in the community and restrictions on where those outlets can be located.

♦ Develop community and neighborhood anti-drug activities, such as neighborhood watch and citizen patrol activities, that will decrease sales of illegal drugs.

Restrictions on use

♦ Help establish restrictions on substance use in public places and private workplaces.

Server-oriented interventions

♦ Create training programs that teach servers about laws, enforcement, and penalties regarding selling or serving alcohol to intoxicated patrons and minors.

♦ Create training programs that teach servers how to identify signs of intoxication, use of fake or false identification, and how to refuse sales in these situations.

Counteradvertising

♦ Create counteradvertising campaigns that disseminate information about the hazards of products, such as alcohol and tobacco, and about the industry that promotes and benefits from the sales of these products.

The five-step process outlined below will help you in your organizing efforts in your community. Several forms are included that will help you carry out some of the tasks involved in this 5-step process.

Develop community and neighborhood anti-drug activities.

C. Guiding Principles and Best Practices for Prevention Programs

Prevention programs should:

- ◆ be designed to strengthen protective factors and reduce risk factors
- ◆ target the use of all forms of drug abuse, including tobacco, alcohol, marijuana, and inhalants
- ◆ include training on how to resist drugs when offered, and work to strengthen personal commitments against drug use
- ◆ work to increase social competency (in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use
- ◆ be designed for specific age groups
- ◆ include interactive learning activities, such as peer discussion groups, rather than just direct teaching by an instructor
- ◆ be long term and ongoing, and especially provide repeat interventions during the transition from elementary school to middle high school, and to high school
- ◆ include a component for parents and caregivers so they will be able to reinforce what the children are learning about drug use, and feel more comfortable about having family discussions about drug use.
- ◆ address the drug abuse problem as it relates to the local community
- ◆ be culturally sensitive
- ◆ be adapted to the specific nature of the drug problem in the community
- ◆ include a focus on the family, a factor proven to have a greater impact than efforts that focus on parents only or children only
- ◆ include more intensive prevention efforts and begin earlier, if the level of risk factors is high within the target population
- ◆ include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, in conjunction with school and family intervention programs in the community
- ◆ strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community
- ◆ use the schools which are a place where prevention efforts can reach many different populations — schools also serve as important prevention settings for reaching special populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts
- ◆ prove cost effective if the program is effective. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in cost for drug abuse treatment and counseling

*To find a brief description of what programs are doing, please go to the next section of this book, **Appendix A**.*

This section identifies programs and organizations that can provide you with additional information. A chart is also available on "Learning About Alcohol, Tobacco, and Illicit Drugs"

Programs at Work in the Community

These prevention programs are examples of comprehensive, integrated programs that attempt to strengthen protective and resiliency factors in children and families.

Across Ages
Andrea S. Taylor, Ph.D.
Temple University, Center for Intergenerational Learning
1601 N. Broad Street, USB 206
Philadelphia, PA 19122

Phone: 215-204-6708
Fax: 215-204-6733
http://www.temple.edu/cil

Target Population: sixth grade students (ages 11 to 13 years old).

Activities: Intergenerational mentoring on a one-on-one basis; engaging youth in community service activities; training classroom teachers to administer the life skills curriculum; providing weekend and evening activities to engage families, mentors, and youth.

❦

DARE To Be You
Jan Miller-Heyl, MS
Colorado State University
Cooperative Extension
215 N. Linden, Suite E
Cortez, CO 81321

Phone: 970-565-3606
Fax: 907-565-4641

Target population: primary prevention program for children ages 2 to 5 and their families

Activities: Family component: parent, youth, and family training and activities that teach self responsibility, personal and parenting efficacy, communication and social skills, and problem solving and decision making skills; school component—training and support for child care providers; community component—training in the DARE To Be You strategies to community members who interact with the target families.

❦

Family Advocacy Network (FAN Club)
Tena L. St. Pierre, Ph.D.
D. Lynne Kaltreider, M.Ed.
Irwing Feller
The Pennsylvania State University, Institute for Policy Research and Evaluation
N253 Burrowes Building
University Park, PA 16802

Phone: 814-865-9561
Fax: 814-865-3098

Target population: parents of participants in SMART Moves programs, ages 10-17.

Activities: Individual basic support to help families deal with stress and to encourage involvement in family activities; regularly scheduled group social activities; educational and enrichment activities. Parental leadership activities.

❦

SMART Leaders
Tena L. St. Pierre, Ph.D.
D. Lynne Kaltreider, M.Ed.
The Pennsylvania State University, Institute for Policy Research and Evaluation
N253 Burrowes Building
University Park, PA 16802

Phone: 814-865-9561
Fax: 814-865-3098

Target population: 14 to 17 year olds at risk who have completed a Stay SMART program.

Activities: An educational curriculum focusing on self esteem; coping with stress; and resisting pressures to use drugs and to engage in sexual activity; peer leadership activities; monthly youth activities.

❦

Strengthening Families Program (SFP)
Dr. Rose Alvarado
Department of Health Promotion and Education
University of Utah
300 S. 1850 E, Room 215
Salt Lake City, UT 84112-0920

Phone: 801-581-8498
Fax: 801-581-5872
http://strengtheningfamilies.org

Target population: children of substance abusers; and families with children ages 6 through 10.

Activities: to reduce risk factors for substance abuse and other problem behaviors the program builds on protective factors—improving family relationships, parenting skills, and improving the youth's social and life skill.

✦

Strengthening Multi-Ethnic Families and Communities
Marilyn L. Steele, Ph.D.
1220 S. Sierra Bonita Avenue
Los Angeles, CA 90019-2552

Phone: 323-936-0343
Fax: 323-936-7130

Target population: parents of children ages 3 through 18.

Focus: to reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse, and domestic violence.

Activities: Parent training classes focusing on cultural/spiritual values, rites of passage, positive discipline, enhancing relationships, and family/community violence and community involvement.

Where To Get Help

This list represent a few community action groups that assist communities to organize by providing assistance in community building, and providing information and training to individuals and communities.

Aspira Association, National Office
1444 Eye St., NW, 8th Fl, Suite 800
Washington, DC 20005

Tel: 202-835-3600
Fax: 202-835-3613
http://aspira.org

Provides education and training for the Hispanic community. Its national office provides policy analysis and disseminates information regarding conferences, health care for Latinos, current research projects, and funding opportunities for its affiliated members.

Latino Council on Alcohol and Tobacco (LCAT)
1875 Connecticut Ave., NW
Suite 732
Washington, DC 20009

Tel: 202-265-8054
Fax: 202-265-8056
http://www.lcat.org

Operates a hotline assisting callers with referral information regarding alcohol use. Provides resources on Latino health in the areas of alcohol and tobacco use, violence and other issues effecting Latino communities. Clearinghouse disseminates information locally and nationally and provides tools to organize effective community coalitions. Distributes a national quarterly newsletter.

✦

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1501 16th Street, NW
Washington, DC 20036-1401

Tel: 202-387-5000
Fax: 202-797-4353
http://cossmho.org

COSSMHO is a national organization dedicated to improving the health and well-being of Hispanic/Latinos. Services include capacity building and infrastructure building for community based organizations, community organizing and planning, proposal development and grant writing, cultural competency training and resource materials.

✦

National Council of La Raza (NCLR)
1111 19th Street, Suite1000
Washington, DC 20036

(800) 311-NCLR or 202-785-1670
Fax: 202-776-1792
http://www.nclr.org

Provides assistance to Hispanic/Latino community-based organizations—proposal development for community-based organizations, resource distribution, program evaluation and issues training.

Puerto Rican Organization for Community Education and Economic Development, Inc. (PROCEED)
815 Elizabeth Avenue
Elizabeth, NJ 07201

Tel: 908-351-7727
Fax: 908-353-5185

Serves Hispanic/Latino communities—needs assessment and organizational audits, board development, staff development, networking and collaboration links and resource distribution.

✦

Center for Community Change
1000 Wisconsin Ave.
Washington,DC 20007

Tel: 202-342-0567
Fax: 202-342-1132
http://www.communitychange.org

The Center assists people in developing the skills needed to improve their communities and to change policies and institutions that affect their lives. Services include research and training. The web site offers a preview of publications for community organizing, definitions and explanation of community organizing, and links to organizations that offer training and technical assistance to those who wish to organize communities.

✦

Midwest Academy
28 East Jackson, Suite 605
Chicago, IL 60604

Phone: 312-427-2114
Fax: 312-427-2307

A national training center for community organizers and social change groups. Training includes workshops on social change movements, direct action, choosing issues, recruiting leaders, building coalitions and understanding power.

Where to Get Additional Information

These resources include Internet sites, clearinghouses and studies that will provide you with information on alcohol and drug use, related crime statistics, health promotion, and children and families.

Healthfinder
http://healthfinder.com

Healthfinder is a gateway consumer health information website from the U.S. government. This site can lead you to selected online publications, databases, websites, support and self-help groups, and government agencies and not-for-profit organizations that produce reliable health information for the public.

❄

YouthInfo
http://Youth.os.dhhs.gov

This website provides the latest information on America's youth. You will find recent reports on America's youth, youth topics, resources for parents and a gateway to other like sites.

❄

National Criminal Justice Reference Service (NCJRS)
P.O. Box 6000
Rockville, MD 20849-6000

Phone: 800-851-3420
Fax: 301-519-5212
http://www.ncjrs.org

Provides information on crime prevention, criminal justice statistics, drugs and crime, juvenile justice, research, and evaluation. Also provides an abstract database.

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 2218

Phone: 703-902-1326
Fax: 703-821-2098
http://www.mchs.org

Provides resources on maternal and child health including a publications catalog and full-text publications on line, links to publications from other sources, State resource sheets, forums and links to related sites.

❄

National Neighborhood Coalition
1875 Connecticut Ave., Suite 410
Washington, DC 20009

Phone: 202-986-2096
Fax: 202-986-1941
http://neighborhoodcoalition.org

An educational clearinghouse on issues affecting inner city neighborhoods, it provides a newsletter and a Monthly Information Report.

❄

Office of Minority Affairs Health Resource Center (OMH-RC)
P.O. Box 37337
Washington, DC 20013-7337

Toll free: 800-444-6472, ext. 234
Fax: 301-389-0884
TDD: 301-589-0951
http://www.omhrc.gov

Provides information on health topics such as substance abuse, violence, infant mortality, and diabetes. OMH-RC offers customized database searches, publications, referral and more for ethnic groups including Hispanic/Latino populations.

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345

1-877-POR-VIDA (1-877-767-8432)
Toll-free 1-800-729-6686
Fax: 301-468-6433
http://www.health.org

The Clearinghouse and web site provide information on alcohol and drug prevention, including educational materials, surveys, prevention programs and alcohol and drug and mental health data. Also provides information about the Regional Alcohol and Drug Awareness Resource (RADAR) Network, which may have a resource center in your area.

❄

Office of National Drug Control Policy (ONDCP) Clearinghouse
Drug Information
P.O. Box 6000
Rockville, MD 20849-6000

Toll free 800-666-3332
Fax: 301-519-5212
http://www.whitehousedrugpolicy.gov

Operates a toll free 800 number staffed by drug and crime information specialists. The Clearinghouse disseminates information on drug use trends, drug related crime issues and national drug control policy and the Website provides information for children, teens and parents.

Centers for the Application of Prevention Technologies (CAPT)

CAPTs provide technical assistance, including both information and skills development, to designated agencies and projects in the field of Alcohol, Tobacco and Illicit Drug (ATID) prevention, Violence and AIDS prevention.

Border CAPT

Arizona-Mexico Border Health Foundation
2501 E. Elm Street
Tucson, AZ 85716

Phone: 520-795-9756
Fax: 520-795-1365
Website: http://www.bordercapt.org

❦

Central CAPT

Minnesota Institute of Public Health
2829 Verndale Avenue
Anoka, MN 55303

Phone: 800-782-1878 or
612-427-5310
Fax: 612-427-7841
Website: http://www.miph.org/capt/

❦

Northeast CAPT

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060

Phone: 617-969-7100 or
617-618-2390
Fax: 617-527-4096
Website: http://www2.edc.org/capt/

Southeast CAPT — *Mainland*

310 Airport Road, Suite D,
Jackson, MS 39208

Phone: 601-933-9199
Fax: 601-933-1138
http://www.secapt.org

❦

Southwest CAPT

Southwest Prevention Center
University of Oklahoma
555 Constitution Street, Suite 132
Norman, OK 73072

Phone: 405-325-1454
Fax: 405-325-7092
Website: http://www.swcapt.org/
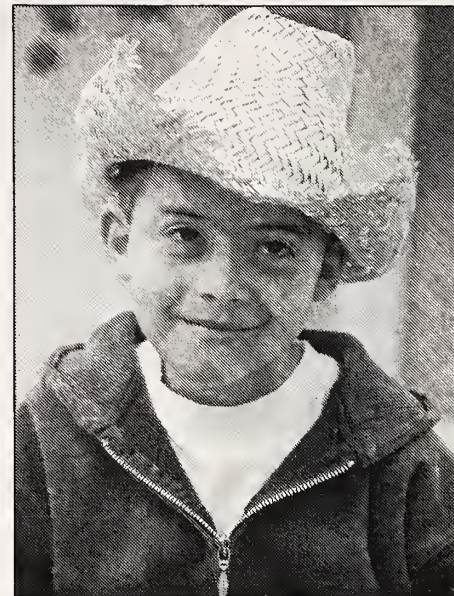
Western CAPT

University of Nevada, Reno
Mail Stop 279
Reno, NV 89557-0202

Phone: (775) 784-6265 or
(888) 734-7476 (toll free)
Fax: (775) 784-1840
Website: http://www.unr.edu/westcapt

Step 1: Define Your Community

How are you going to define your community?

It is important to have a clear definition of your community so that you can focus your organizing efforts.

Community can be defined in many ways. One person might define it as the entire town or city. Another person might think the community is the immediate neighborhood, made up of a few blocks. One parent might define it as a school district, while another parent defines it as the area around the neighborhood school. Other people may be thinking of a particular age or cultural group.

Thus, the first step is for your group to agree on what the 'boundaries' will be for your community organizing effort.

Step 2: Research Your Community

What programs and services already exist in your community?

It is very likely that there are already some programs and services in your community that are working to strengthen protective factors. So a very important step is to take an inventory of services and programs that are available in your community, especially youth programs.

Knowing what programs and services are being offered in your community will help your group to:

♦ Avoid duplication of services and make wise use of your funds and efforts.

♦ Build on the positives that already exist in your community.

♦ Find out if and how the programs and services your group developed made a difference. You will only know this if you know what existed before you started your organizing efforts.

Defining Your Community

Identify the boundaries of the area in which you will focus your effort.

Is the community the entire city? Is it the town? Is it the neighborhood?

Can you identify the streets that border the outside of your community?

Identify the group on which you will target your efforts.

Do you want to focus on elementary school children? Or middle school children? What about all youth under 18?

Community Intervention

Identifying Existing Services

Use the following sources to get information:

- churches
- schools
- health facilities
- youth clubs
- neighborhood groups
- businesses
- neighbors
- family members
- telephone directory
- directories of city services
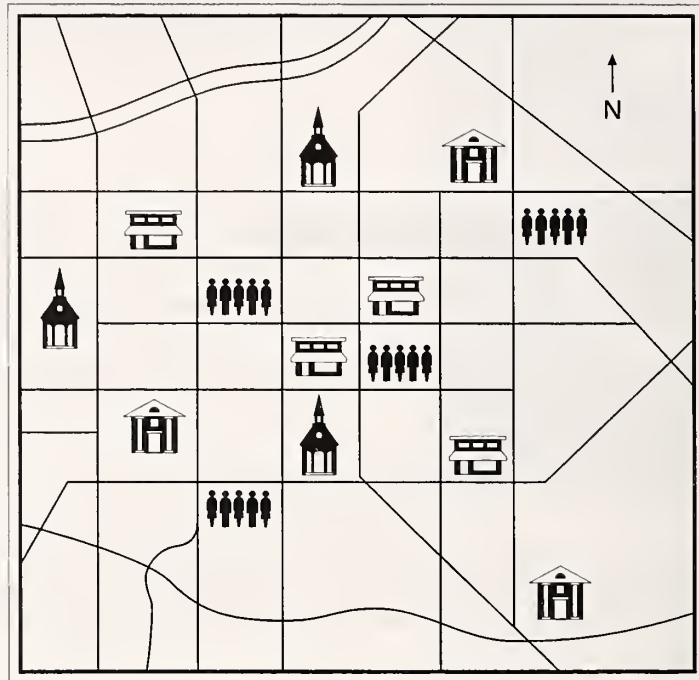
Churches   Schools   Organizations   Businesses

How do you get information on existing services and programs?

There are many sources in your community where you can get information on programs and services. One of the best places to begin is with your family, friends and neighbors. They are very likely to know about many of the programs that exist. Or check out some of the sources listed in the margin of this page.

Step 3: Set Your Priorities

What problems should your group focus on?

Your group should first find out what protective factors <u>do not</u> exist in the community. You can do this by asking members of the community which protective factors they think are missing in the community and how important they think those factors are. Based on the information you get from the 'survey,' you should be able to list the priorities for your organizing effort.

Two tools that you can use in this task are included in this guidebook:

1) "Inventory of Protective Factors in the Community," and

2) "Identifying Community Priorities and Stakeholders."

   [see Appendix E]

Once you have listed the priorities, it is important for the group to agree on a definition of each priority. For example, consider the following:

♦ If 'adequate and safe child care settings that promote learning' is a priority, the group needs to further define what that means. Does it include evening care for those parents who work nights? Does it include a required number of play activities each day? Does it mean licensed settings only?

♦ If 'building support systems for families' is a priority, you may want to further define what you mean by support, or whether the system is for parents and adolescents only or new parents and their newborns only.

For help with this exercise, you may want to contact other prevention programs to see how they have defined and set priorities. You will find a list of these programs in the directory in Appendix A.

Step 4: Make a List of Stakeholders

What are stakeholders?

Stakeholders are the persons and organizations in your community that may benefit in some way from what your group is doing. They have a 'stake' in what you are doing, and they are the persons and organizations you need to work with to accomplish your organizing tasks.

For example, if 'adequate and safe child care settings that promote learning' is one of your priorities, you need to find out which persons and organizations in the community have a stake in the development of child care services. This should include both service providers and families who need the services. *(See list at right.)*

In setting your priorities, identify some small steps. Do not take on too much. Avoid burnout and frustration.

Make a List of Stakeholders

- young people
- parents
- elders
- clergy
- elected officials
- business leaders
- civic group leaders
- neighborhood groups
- law enforcement
- school personnel
- social service agencies
- health providers
- media
- alcohol and drug program
- leaders
- social clubs
- gay and lesbian organizations

Step 5: Hold a Stakeholders' Meeting

Why should you meet with your stakeholders?

You should meet with stakeholders for the following reasons:

1. To convince them that there is a need in the community for more drug and alcohol prevention programs and services for youth.

2. To get them to join you in building a larger, ongoing organizing group and setting up task forces to work on each of your priorities.

3. To motivate them to *take some action* in supporting your prevention efforts. (Remind them of their mission and goals in the community and what they have at stake.)

4. To inform them about the prevention programs and services that are already in the community, and to get them to support these services as well.

Have one meeting for each priority you are working on, and invite to the meeting only those stakeholders that have a stake in that priority. However, two or more priorities can be covered at the meeting if the priorities involve the same stakeholders. But if working on more than one priority means you are mixing stakeholders who will be going in different directions, trim back to the most important priority.

Several weeks before the meeting, send the stakeholders the following:

♦ An invitation to the meeting.

♦ Background information about your group, the survey, your priorities, the purpose of the meeting, and any other information you want them to read before they come to the meeting.

♦ An agenda for the meeting

---

*It may be a good idea to follow the "Checklist for Arranging and Scheduling Stakeholder Meeting" you will find in **Appendix E** of this book.*

Have one meeting for each priority you are working on, and invite to the meeting only those stakeholders that have a stake in that priority.

The following 16 steps were developed by the National Council of La Raza (May 1989) to outline steps that help community leaders become effectively and appropriately involved, based on a logical decision-making process. The steps have been adapted to help you figure out how to proceed with strategies that will have an impact on substance abuse in your community.

1. Learn the basics about the problem

This step helps to educate the leadership of your organization. It helps your staff and Board members become informed about substance abuse nationally, and have some sense of the problem locally. It will help ensure that your decisions are based on facts, not myths.

2. Educate your organization

This step will help you educate the rest of your committee and key leaders. Everyone who works with you should get some basic knowledge about the substance abuse problem. This briefing can be accomplished through a review of the research, formal presentations, and informal discussions around substance abuse.

3. Identify the local players

This information will allow you to understand which organizations are currently working on this issue, how they are related, and the extent to which a Hispanic/Latino perspective is provided. You should identify the recent studies undertaken on the subject, the local coalitions or task forces, the leading community organizations, and the individuals who are considered leaders within those organizations. Be sure also to review and identify major local players including businesses, health providers, schools, social service agencies, and other local organizations.

4. Become known as a player

Your organization should become visible in the substance abuse arena. Assign one individual to be your organization's representative at meetings and conferences. The representative should be knowledgeable, a good listener, and be able to provide a Hispanic/Latino perspective.

5. Assess Hispanic/Latino community needs

Know the extent to which substance abuse affects the Hispanic/Latino community, and the extent to which appropriate and adequate services are provided and accessible to address the community's needs. You should also assess the efforts of other Hispanic/Latino agencies in addressing substance abuse issues.

6. Help develop a plan

Ensure that your organization's plan for addressing substance use is coordinated and consistent with the overall community plan for dealing with the issue. You should know if the overall community plan adequately addresses the needs of the Hispanic community. The plan should have two components - a prevention and education section, and a section that addresses direct services for people with substance abuse problems.

7. Study alternative roles

Since there are many roles for Hispanic community-based organizations in substance abuse and education, identify the various roles that exist for your agency. You might want to refer people for substance abuse services or to provide basic information to clients. Or you might want to develop prevention programs, provide direct health services, or perhaps target a specific population.

8. Understand what you're getting into

Know the implications and challenges involved in the role your agency might adopt. Agency staff will need to accept people who are abusing substances, and avoid blaming them for their condition. Be sure that your agency's staff has come to terms with "*cosas de la vida,*" be it drug abuse, prostitution, AIDS, or homosexuality.

9. Decide on your agency's role

After identifying possible agency roles and considering the implications of substance abuse involvement, assess various alternatives and decide what role or roles you want to play. You might want to develop service programs, or just do advocacy work. For example, one of the special obligations of Hispanic/ Latino organizations as community representatives is to advocate for the creation of services needed by Hispanic persons with substance abuse problems.

10. Develop a plan of action

Once your agency had decided the role or roles it wants to play regarding substance abuse, it is time to develop a detailed, practical plan of action to guide you for at least the next year. This is the program development phase of your planning effort. The plan should fit into the overall community plan if one exists. It should include objectives, proposed services, tasks for implementing them, responsibilities for carrying out the tasks, timetables for implementation, and fund-raising needs. This plan will provide the basis for fund raising. It can also be taken to the local substance abuse task force for letters of endorsement and support.

11. Become wise

The field of substance abuse is very political. Thus you must learn the rules of the game and proceed carefully. Take your time in learning skills for writing proposals and developing new evaluation techniques.

12. Develop networks

You will need to establish and maintain networks on a local, state and federal level. At the program level, the message of substance abuse prevention is strongest when it comes from different sources. No organization will be successful working alone. Instead, you need the varied knowledge, skills, experience, contacts, and commitment of a wide range of organizations and individuals.

13. Become a Hispanic/Latino voice

Your agency should serve as a voice for Hispanics/Latinos on the substance abuse issue. This means being informed and speaking up on a wide range of issues. If your organization makes a commitment to speak out on substance abuse, it can quickly become a respected source of information for the media and for officials in the public and private sectors.

14. Find the money you need

Most substance abuse services will require you to obtain new funds. However, the competition is very intense. You should ensure that your organization is not driven to apply for funds that require you to provide services that do not fit with the scope of work you have outlined for your agency.

15. Make a difference

Ensure the success of your programs by planning your strategies carefully, including having a detailed work plan with tasks and timelines, appropriate staff, adequate funding, and ongoing management and support. Make sure that you draw on your organizational strengths, work cooperatively with other organizations, and get help from experts—local and national—whenever possible.

16. Monitor and assess your progress

Although your organization will probably operate in a constant state of overwork and crisis, try to ensure that non-service activities such as documentation and evaluation get the attention they deserve. Some Hispanic/Latino groups are denied refunding or are turned down by additional funders because they fail to monitor, assess, and document their progress. Make sure you build in early and regular monitoring and assessment activities, not only for funding purposes, but also so that you can identify and deal with any problems that come up.

This model represents a seven-step process that can be used in organizing prevention programs. Additional information on this model is available on the internet from

http://www.unr.edu/unr/colleges/edu/captta/prev/prevplan.html.

Step 1: Find Out if the Community Is Ready To Organize

It is important to find out if the community is prepared to develop and implement a substance use and abuse prevention program. A community must have the support and commitment of its members and the needed resources to implement an effective prevention effort.

Step 2: Find Out How the Problem Is Affecting the Community

Conduct an assessment of the community to determine the extent to which the problem or situation (such as substance abuse) is affecting the community and to identify the risk and protective factors that exist in the community.

Step 3: Use the Information You Gather To Set Your Priorities

Once you have completed Step 2, use the information you have gathered to help you decide which risk and protective factors need to be addressed in your community.

Step 4: Identify Programs and Services That Exist in the Community

Conduct an assessment to determine what resources exist in the community to reduce risk factors and increase protective factors. It will answer the question: "What's being done in my community to deal with this problem?"

What are "resources?" They are anything that is being used or can be used to reduce the likelihood that individuals or communities will begin or continue to abuse alcohol, tobacco, and other drugs.

Step 5: Target Your Efforts

Identify the magnitude of the population that will be served through your efforts. To do this you must identify a target population. You will be ready to do this step once you know which area (your priority risk and protective factors) you want to place your time, efforts, and funding in, and you know which gaps you need to fill (from your resource assessment).

There are three basic population groups: universal, selective, or indicated.

Universal

Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

Selective

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically.

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs.

Step 6: Follow Guiding Principles and Best Practices

After using Steps 2 through 5 to identify the target population, planners must identify appropriate programs/strategies to implement. It is important to use best practices or, at a minimum, promising practices, in order to ensure the greatest impact.

Best practices are those strategies, activities, or approaches which have been shown through research and evaluation to be effective at preventing or delaying substance abuse.

If a community already has a prevention program or strategy in place, **"guiding principles"** can be used to gauge the program's effectiveness. Guiding principles are recommendations on how to create effective prevention programs. They can also be used to design an innovative program/strategy when none of the best practices are appropriate to the community's needs.

Step 7: Evaluate Your Progress

Evaluation is the systematic effort to collect and use program information for different purposes.

Evaluation needs to be an integral part of every prevention program and strategy. It is necessary to determine if the prevention efforts being implemented are accomplishing the goals set by the program.

There are many different ways to conduct evaluations, and professional evaluators tend to agree that there is no "one best way" to do evaluation. Instead, good evaluation requires carefully thinking through the questions that need to be answered, the type of program being evaluated, and the ways in which the information generated will be used. Good evaluation should provide useful information about program functioning that can contribute to program improvement.

This section contains tools you can use in your community organizing effort. Please keep the original copy to use in future group activities.

The tools include:

♦ A form to **Inventory Protective Factors in the Community,** along with instructions for analyzing the information. *(Step 3)*

♦ A worksheet to use in **Identifying Community Priorities and Stakeholders.** *(Step 3)*

♦ A form for developing a **Database of Community Stakeholders.** *(Step 4)*

♦ A sample **Agenda for a Stakeholders' Meeting.** *(Step 5)*

♦ A **Checklist for Arranging and Scheduling a Stakeholder Meeting.** *(Step 5)*

Inventory Of Protective Factors In The Community

Below is a list of protective factors that prevent substance use and abuse. Please go down the list of factors and mark whether you think the factor exists or does not exist in your community. Then mark how important you think the factor is (Priority).

1) *Place a check on the line under "Yes" if you think the factor already exists in your community. (Please do not circle a number on any line where you have checked "Yes".)*

2) *Place a check on the line under "No" if you think the factor does not exist or is missing in your community. Then decide how important you think the factor is. Circle "1" if you think the factor is of highest priority. Circle "2" if you think the factor is high priority. Circle "3" if you think the factor is "lowest" priority.*

Factor	Yes (Factor Exists)	No (Factor does not Exist)	Priority		
Adequate housing	_____	_____	1	2	3
Pleasant neighborhoods (green space, clean, places for people to meet)	_____	_____	1	2	3
Low level of crime	_____	_____	1	2	3
Good schools that promote learning, participation, and responsibility	_____	_____	1	2	3
Accessible and affordable health care	_____	_____	1	2	3
Easy access to adequate social services	_____	_____	1	2	3
Adequate jobs for those who need to work	_____	_____	1	2	3
Jobs that provide enough income for financial stability	_____	_____	1	2	3
Multigenerational kinship networks	_____	_____	1	2	3
Non-kin support network, e.g. supportive role models, dependable substitute child care	_____	_____	1	2	3
Skill building to create structured and nurturing families	_____	_____	1	2	3
Opportunities for parents to be involved in schools	_____	_____	1	2	3
Support systems for families	_____	_____	1	2	3
Adequate and safe child care settings that promote learning	_____	_____	1	2	3
Community standards for behavior	_____	_____	1	2	3
Health and drug education classes for youth	_____	_____	1	2	3
Parent/youth groups	_____	_____	1	2	3
Peer counseling programs	_____	_____	1	2	3
Student assistance programs	_____	_____	1	2	3
Leadership workshops for youth and adults training	_____	_____	1	2	3
Life skills classes	_____	_____	1	2	3
Mentoring programs	_____	_____	1	2	3
Other (specify) _____	_____	_____	1	2	3
Other (specify) _____	_____	_____	1	2	3
Other (specify) _____	_____	_____	1	2	3
Other (specify) _____	_____	_____	1	2	3

You may want to add other factors that your group feels are important.

Analyzing the information

Once you have surveyed your community, add up the surveys and tabulate your results. This can be done by an individual or by a group.

Steps in Analysis

1. Using all the forms filled out by community representatives, count up the number of times that each factor was given a priority one. For example, how many times did adequate housing get a priority=1? How many times did pleasant neighborhoods get a priority=1?

2. Identify which factor has the highest number of priority=1. Which factor has the second highest number of priority=1? Which factor has the third highest number of priority=1? This list will give you the top three factors considered priority by community representatives.

3. If you wish, continue this exercise until you have covered all the factors with priority=1. Then you can do the same analysis for factors with priority=2.

You may want to post several sheets of newsprint and list the information under different headings such as parenting skills, jobs, or support systems. When you are finished, you should have a good picture of what members of the community feel exists and what is missing. Are there any gaps in services? Are there areas where there are too many services and resources could be shifted to fill the gaps?

Identifying Community Priorities and Stakeholders

Worksheet

This form identifies a priority of the community and a focus area for the community organizers. You can use this form to spell out the goals of this priority, or to more clearly define the priority.

Factor: _____

(enter a short title for the protective factor)

Description of goal(s) for focus area:

_____

_____

_____

_____

Identify key stakeholders for this focus area:

_____   _____

_____   _____

_____   _____

_____   _____

Rank of importance/priority status: _____

(From your inventory sheet enter a number that indicates priority number: 1 is most important, 2 is second most important, etc.)

Database of Community Stakeholders

Use this form to track information about your stakeholders. Use a separate sheet for the different types of stakeholders. For example, one sheet might represent the health service stakeholders, a second sheet might be used to keep track of the education system stakeholders.

Type of Stakeholder: _____

Name	Organization	Address	Telephone Number	E-mail

Sample Agenda For Stakeholder Meeting

Meeting Organizer
(10 minutes)

♦ Welcome

♦ Agenda and goals of the meeting

Community Organizer
(10 minutes)

♦ Need for action

♦ Call to action

♦ Introduce facilitator

Facilitator
(30 minutes)

♦ Introduction of all present

♦ Mixer to acquaint people

♦ Goal for stakeholders

♦ Brief history of process

♦ Role of protective factors

Break (10 minutes)

Facilitator
(1 hour)

♦ Small groups — Assessment of local programs and services

♦ Small groups —Determination of new services needed or if current services should be expanded

♦ All –share lists and consensus

♦ Develop a community action plan

♦ Next steps: assigned tasks and timelines

♦ Plans for next meeting

Checklist for Arranging and Scheduling a Stakeholder Meeting

_____ Find the names, addresses, phone numbers and email addresses of the people you want to invite.

_____ Select a meeting date. Consider your audience and their work and family habits. Evenings after 7:00 PM during the school year or Sunday afternoons might be best for members.

_____ Find a place to hold the meeting. Locate a community space that is comfortable and non-threatening to everyone. Schools and city offices are often uncomfortable for people. Try a local community center, a church where other community-wide events take place or a local restaurant.

_____ Be prepared to explain the exact amount of space you will need and how you want the room set up for the meeting. Do you want chairs or chairs and tables?

_____ Make a drawing of the room set-up for the person who will set-up.

_____ Select a person to present the call to action. This should be a person who can motivate others. This person will give the call to action and thank everyone at the end.

_____ Select a facilitator to explain the process and work with the small groups. This person will also summarize the meeting.

_____ Arrange a meeting and meet with the people who will speak at the meeting. Set the agenda, confirm the responsibilities and find out what materials or equipment they need.

_____ Secure any needed equipment and supplies. This may include a screen, an overhead projector or computer, a microphone, easels with newsprint and markers. You may or may not want a microphone. A microphone can be intimidating, but it is important that every word is heard.

_____ If you are going to serve refreshments include the coffeemaker, punch bowl and cookie trays.

_____ Order any prevention materials or community documents 4-6 weeks in advance to guarantee delivery. Decide whether materials are to be in English or Spanish or both. Arrange for any needed translation.

_____ Recruit volunteers to assist you in the meeting. You will need someone to greet people at the door, someone at the table for sign-in and name tags and someone to help people mix and get acquainted. Each person who enters the room should feel they are important and a part of the group.

_____ Four to five weeks before the meeting, send a mailing to the people on your list. Include a letter of invitation, the agenda, a map to the meeting site and any materials you want them to read. Ask people to come to the meeting or delegate someone to take their place. Ask for replies. Be sure to maintain an updated list with addresses and phone numbers.

_____ One week before the meeting call everyone to remind them and answer any questions they may have.

_____ Three days before the meeting, check your arrangements.

_____ Arrange for someone to check on the arrangements earlier in the day or do the set up for you.

_____ Arrive at the meeting an hour early to check everything and greet people.

_____ Within 5 days of the meeting send everyone a thank you, a summary of the meeting including the next steps and the date of the next meeting.

LEARN ABOUT ALCOHOL, TOBACCO, & ILLICIT DRUGS

Drug	Description	Common Names	Signs of Use	Long-term Effects
MARIJUANA *Contrary to the beliefs of many, marijuana is a harmful drug and is addictive.*	A combination of flowers and leaves of the hemp plant. Also known as *Cannabis Sativa*. It has a dark green color and looks like ground leaves.	Hierba mala, yerba, Acapulco gold, pot, THC, porro, monte, pito, herbajo, mota, mafú, pasto, María, moy, blunt, regs, krips or kripto, reefer or joints, churro, pace.	Unhealthy appearance, reddish eyes, mood swings, behavioral changes, hostility, irritability, withdrawal from the family, opposition to discipline, lower grades, messages or symbols in their belongings related to drugs, use of eye drops, increased appetite.	Sudden loss of weight, irregular heart beats or cardiac arrhythmia, breathing difficulties, severe anxiety, panic spells, hallucinations. Later on: heart and lung problems, memory impairment, lung cancer. For men, lower sperm count and lower sperm mobility. For women, interference of the menstrual period and ovulation.
COCAINE *One of the drugs that carries the highest risk for addiction and may be lethal.*	A chemical substance obtained from leaves of the coca plant. It is a white dust that can be inhaled. For intravenous use, it can be warmed up and mixed with ether and bicarbonate of sodium.	Coca, escamas, nieve, polvo blanco, pase, C, niña blanca, polvo feliz, oro en polvo, terrón de azúcar, blow, candy.	Increased blood pressure and feelings of euphoria; the person that uses it can stay awake for long periods of time and later sleep for hours; loss of appetite and interest in friends, entertainment and other activities.	Restlessness; increased body temperature; hallucinations; shock; possible death due to cardiac arrest or respiratory failure; feelings of uneasiness, irritability, anxiety and paranoia.
ALCOHOL *The same as heroin, alcohol is a psychoactive drug that upsets the mind and is addictive.*	A substance produced from the fermentation of mixed sugar and yeast.	Drinks, beer, liquor, cocktails, chupe, pisto, chelas.	Impaired coordination; confusion and lack of concentration; violent behavior or depression.	Brain, pancreas and kidney damage; elevated blood pressure; alcoholic hepatitis and cirrhosis of the liver; stomach and duodenum ulcers; colitis; irritable colon; sexual impotence and infertility; premature aging.
INHALANTS *Chemical substances used at home.*	Vapors of chemical substances that affect the brain.	Nail polish remover, liquid insecticides, cleaning fluids, ether, hair spray, glue, gasoline, painting from spray cans, aerosols.	Dizziness, severe head aches, unusual 'high' behavior, altered perception of time and space.	Brain damage, violent behavior, loss of consciousness, permanent damage of the nervous system, death.

TOBACCO

Description	Slang	Signs	Effects
Cigarette smoke has 4,000 types of chemical substances, the most powerful of which is nicotine, an addictive drug. Leaves of a plant that contain nicotine, a dangerous chemical substance often used as an insecticide.	Smoke, cig, butt.	Use of things not used before, such as incense, air fresheners, excessive use of mouth rinse and mints.	Elevated blood pressure, bad breath and stained teeth, decreased sense of smell and taste, heart and lung damage, lung, mouth or throat cancer, death.

HEROIN

Description	Slang	Signs	Effects
One of the most dangerous drugs and one with the most addictive potential. A derivative of morphine which comes from opium. It tastes bitter and its color can be white or dark brown.	Smack, stuff (cosa), horse, droga, boy.	Euphoria, sleepiness, slowed breathing, constricted pupils and nausea.	Physical and psychological problems; weak breathing nausea, panic, insomnia.

CRACK

Description	Slang	Signs	Effects
A chemical derivative of cocaine.	Crack.	Insomnia, runny nose or nose bleeding, diminished appetite, skin irritation, talkativeness, fever.	Hoarseness, bronchitis and other breathing problems; increased heart rate of about 50%, sometimes becoming irregular and producing cardiac arrest.

STIMULANTS

Description	Slang	Signs	Effects
Chemical products for speeding activity of the central nervous system. They are prescribed to treat depression, obesity, and narcolepsy and for hyperactive children.	Ritalina, Preludina, Inamina.	Excitability, irritability, nervousness; long periods without sleep or food; excitement and talkativeness.	Increased cardiac rate and breathing rhythm; elevated blood pressure; irritation of the respiratory system; brain damage, shock and death.

PCP PHENCYCLIDINE

Description	Slang	Signs	Effects
A chemical substance used as an anesthetic for animals.	PCP, angel dust, hog (puerco).	Changed senses, moods and consciousness.	Disconnection with reality, possible death.

DEPRESSANTS

Description	Slang	Signs	Effects
Chemical substances that decrease psychological and physiological activity. They are used as sedatives and tranquilizers.		Confusion, lack of orientation, tremors, contraction of pupils, decreased blood pressure and breathing rhythm.	Depressed brain activity, loss of motor control, paralyzation of the vital centers, coma and possible death.